



Docket No. 7156/52427-AB/JPW/GJG/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Don Fishbein
Serial No. : 10/799,197 Examiner: A.R. Hughes
Filed : March 12, 2004 Group Art Unit: 1614
For : USE OF OXANDROLONE IN THE TREATMENT OF BURNS AND OTHER WOUNDS

Mail Stop RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 3, 2010

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	17 -	* 20 =	*** 0 X	\$26	\$52	=	0.00	
Independent Claims	1 -	** 3 =	*** 0 X	\$110	\$220	=	0.00	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$195	\$390	=	0.00	
TOTAL ADDITIONAL FEE								\$ 0.00

* The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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The following are also enclosed:

- ☐ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 0.00 included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 555.00 for a Petition for 3 Month(s) Extension of Time
- ☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 960.00.

- ☒ A check in the amount of \$ 960.00 is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
Gary J. Gershik 9/3/10
John P. White Date
Reg. No. 28,678
Gary J. Gershik
Reg. No. 39,992

Gary J. Gershik
John P. White
Registration No. 28,678
Gary J. Gershik
Registration No. 39,992
Attorneys for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
30 Rockefeller Plaza
20th Floor
New York, New York 10112
(212) 278-0400